

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

PLACE OF BIRTH:

Gila

State

ARIZONA

Registered No. _____

County

Township

City

No.

(If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward

Full name of child

THOMPSON

If child is not yet named, make supplemental report, as directed.

Sex

Female

If plural births

4. Twin, triplet, or other

6. Premature

7. Legiti-

8. Date of birth

Oct. 12, 1891

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Full name

FATHER

H. J. Thompson

Residence (usual place of abode)

(If nonresident, give place and State)

Color or race

12. Age at last birthday

(years)

Birthplace (city or place and State or country):

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

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17. Total time (years) spent in this work

18. Full maiden name

MOTHER

19. Residence (usual place of abode)

(If nonresident, give place and State)

20. Color or race

21. Age at last birthday

(years)

22. Birthplace (city or place and State or country):

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

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26. Total time (years) spent in this work

Number of children of this mother

(At time of this birth and including this child)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

If stillborn,

period of gestation

months or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn) at _____ m. on the date above stated.

(Signed) J. W. Largent

M. D.

or

Midwife

Address

File 11-11-91, 193

Registrar.

Registrar.

FORM 6 10M 6-25-33 MS 48640

035-1012-000